



Application Form

DATE: / /

TAUIRA (STUDENT) PERSONAL INFORMATION

First Name : Last Name :

Nickname : Contact Phone:

Email:

Address :

City/Town : Post Code :

Region : Date of Birth : / /

Age: Gender : Male Female

Marital Status: Single Partner Sole Parent Do you have any children in your care? Yes

If Yes: How Many ----- Male: Age ----- Female: Age ----- No

TO PEPEHA (ABOUT YOU)

Nationality : Maori Samoan Tongan Cook Islander Fijian Other

IWI 1. _____ 2. _____ 3. _____

Rohe/Area: _____ Maunga: _____ Marae: _____

EDUCATION (This does not reflect on your ability to participate on the Mahi Whakaara Programme.)

Highest Qualification Received: No Qualifications NCEA Level 1 NCEA Level 2 NCEA Level 2

NCEA Level 3 Level 4-6 Level 7 or above

OBTAINED CREDENTIALS

Drivers License: Learners Retricted Full Heavy Vehicle/Other

Skills/Training:



AGENCY/ORGANISATION DETAILS (For agencies & organisations to complete)

Agency Name :

Primary Contact Name: Contact Phone:

Email :

Comments :

Whanau Support Details

First Name	Whanau Name	Relationship	Contact Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are other agencies involved with Whanau?

Agency	Contact Person	Role	Contact Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any relevant information that would support the Tauira/Whanau

WINZ DETAILS

Are you currently receiving any financial assistance from work and income?

YES NO OTHER: SWN No.

NZ LAW (This does not reflect on your ability to participate on the Mahi Whakaara Programme)

Do you have any criminal convictions, past or pending?? YES NO If Yes: Please provide details



HEALTH & MEDICAL CONDITIONS

Parent/Caregiver/Next of kin - (For cases of an emergency or main point of contact parent/caregiver)

Name :

Last Name :

Ph No :

Email :

Please confirm any health and medical conditions?

Allergies :

Medication:

Immunisation:

Health /
Medical
Notes:

TAUIRA AND/OR AGENT SIGNATURE

Tauira Signature & Date:

/ /

Agent Signature & Date:

/ /

In accordance with the Privacy Act 2020 we are collecting your personal information because it helps us to provide our services to you. The information provided by you may be used to conduct surveys and generate reports to be submitted to our partners and government officials. If you wish for your data not to be shared you have the right to oppose this. You also have the right to ask for a copy of any personal information we hold about you and to ask for it to be corrected if you think it is wrong. You can request a copy of your data by sending a request to mihi@mahiwhakaara.training, or, phone 03-927-3413, or, come to our Office at 9 Sutherland Terrace, Blenheim.